07/18/2006 18:08

Image# 26960237835

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

| | | For Ot | ner Inan An | Authorize | ea Commit | itee | | Office Use | Only | |
|-----|--|-------------|--|--|----------------------------------|---------------------------------------|-------------|--|-----------------------------|--|
| 1. | | | EC MAILING LAB PE OR PRINT | | xample:If typin ver the lines | ng, type | | | | |
| | American Podiatric Medical A | ssn., Inc | . Podiatry Politica | al Action Co | mmittee | | | | | |
| Ш | | | | | | | | | | |
| AD | DRESS (number and street) | 9312 | 2 Old Georgetown | Road | | | | | 1 1 1 | |
| | Check if different than previously reported. (ACC) | Bethe | esda | | | | MD | 208 | 314 | 698 |
| 2. | FEC IDENTIFICATION NUM | BER | ~ | CITY 🛕 | | ; | STATE | Z | IPCODE | A |
| | C00008839 | | ; | 3. IS THIS REPOR | т | NEW (N) OR | X | AMENDED (A) | | |
| 4. | TYPE OF REPORT (Choose One) (a) Quarterly Reports: | | Monthly Report Due On: | Feb 20 (M2 Mar 20 (M3 Apr 20 (M4 | 3) | May 20 (M5) Jun 20 (M6) Jul 20 (M7) | | Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) | De (N | ov 20 (M11) lon-Election ear Only) ec 20 (M12) lon-Election ear Only) |
| | April 15 Quarterly Report(Q1) July 15 Quarterly Report(Q2) October 15 Quarterly Report(Q3) January 31 | 2) | (c) 12-Day PRE-Electio Report for th | ne: | Primary (12 | · - | = | ral (12G) al (12G) | Run the | unoff (12R) |
| | Quarterly Report(YE July 31 Mid-Year Report(Non-election Year Only) (MY) Termination Report (TER) | 1 (| (d) 30-Day Post -Electi Report for the | | General (30 | oG) | Runo | ff (30R) | State of Sp n the State of | pecial (30S) |
| 5. | Covering Period 10 | | 01 2008 | 5 | through | 10 | 3 1 | 2005 | | |
| | ertify that I have examined this For or Print Name of Treasurer | Dr. | Gerald Peterson, | DPM | | s true, correct | and comple | rte. | | |
| Sig | nature of Treasurer Electror | nically Fil | ed by Dr. Gera | ıld Peterson, | DPM | D | ate (| 18 | 20 | 006 |
| NO | TE : Submission of false, erron | eous, or | incomplete inform | nation may s | ubject the per | son signing thi | s Report to | the penalties o | f 2 U.S.C | 437g. |
| | Office Use | | | | | | | I | FORM (| 3X |

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

| Rep | port Covering the Period: From: | 01 2005 | To: 0 3 1 2 0 0 5 |
|-----|--|-------------------------|-----------------------------------|
| | _ | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| . (| a) Cash on Hand January 1 | | 284106.18 |
| (1 | D) Cash on Hand at Begining of Reporting Period | 333507.22 | |
| (| c) Total Receipts (from Line 19) | 21889.60 | 367723.59 |
| (| d) Subtotal (add lines 6(b) and | | |
| | 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 355396.82 | 651829.77 |
| Т | otal Disbursements (from Line 31) | 44934.75 | 341367.70 |
| C | Cash on Hand at Close of | | |
| | Reporting Period subtract Line 7 from Line 6(d)) | 310462.07 | 310462.07 |
| . [| Debts and Obligations owed TO | | |
| | ne committee (Itemize all on Schedule C and/or Schedule D) | 0.00 |] |
| tl | Debts and Obligations owed BY ne committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

м м 1 0

Report Covering the Period:

From:

^D 0 1

2005

Τо·

1 0

^D 3 1

^Y 2005

| | I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-----------------------|---|-------------------------------|-----------------------------------|
| | ions (other than loans) From: riduals/Persons Other | | |
| | n Political Committees Itemized (use Schedule A) | 8300.00 | 210195.88 |
| (ii) | Unitemized | 13364.00 | 155409.00 |
| | TOTAL (add Lines 11(a)(i) and (ii) | 21664.00 | 365604.88 |
| (b) Polit | ical Party Committees | 0.00 | 0.00 |
| (suc | er Political Committees h as PACs)l Contributions (add Lines | 0.00 | 0.00 |
| |)(iii),(b) and (c)) (Carry ls to Line 33, page 5) | 21664.00 | 365604.88 |
| | From Affiliated/Other | 0.00 | 0.00 |
| 3. All Loans | Received | 0.00 | 0.00 |
| | payments Received | 0.00 | 0.00 |
| (Refunds (Carry To | , Rebates, etc.) tals to Line 37, page 5) of Contributions Made | 0.00 | 0.00 |
| to Federa | I candidates and Other | 0.00 | 500.00 |
| | deral Receipts s, Interest, etc.) | 225.60 | 1618.71 |
| | s from Non-Federal and Levin Funds | | |
| | Federal Account n Schedule H3) | 0.00 | 0.00 |
| (b) Levin | Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total | Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| | ceipts (add Lines 11(d), 4, 15, 16, 17, and 18(c)) | 21889.60 | 367723.59 |
| | eral Receipts Line 18(c) from Line 19) | 21889.60 | 367723.59 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

| | II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-----|---|-------------------------------|-----------------------------------|
| 21. | Operating Expenditures: (a) Shared Federal/Non-Federal | - | |
| | Activity (from Schedule H4) | 0.00 | 0.00 |
| | (i) Federal Share | 0.00 | 0.00 |
| | (ii) Non-Federal Share | 0.00 | 0.00 |
| | (b) Other Federal Operating | 418.44 | 9716.96 |
| | Expenditures(c) Total Operating Expenditures | 410.44 | 3710.90 |
| | (add 21(a)(i), (a)(ii) and (b)) | 418.44 | 9716.96 |
| 2. | Transfers to Affiliated/Other Party | 0.00 | 0.00 |
| 3. | Committees | 0.00 | 0.00 |
| | Federal Candidates/Committeesand Other Political Committees | 44516.31 | 331372.88 |
| 4. | Independent Expenditure | 0.00 | 0.00 |
| 5. | (use Schedule E) | 0.00 | 0.00 |
| | Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 |
| 6. | Loan Repayments Made | 0.00 | 0.00 |
| 7. | Loans Made | 0.00 | 0.00 |
| 28. | Refunds of Contributions To: (a) Individuals/Persons Other | | 050.00 |
| | Than Political Committees | 0.00 | 250.00 |
| | (b) Political Party Committees | 0.00 | 0.00 |
| | (c) Other Political Committees | 0.00 | 0.00 |
| | (such as PACs)(d) Total Contribution Refunds | 0.00 | 0.00 |
| | (add Lines 28(a), (b), and (c)) | 0.00 | 250.00 |
| 29. | Other Disbursements | 0.00 | 27.86 |
| | Fordered Flooring April 16 (OLL C.O. 404 (00)) | | |
| oU. | Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity | | |
| | (from Schedule H6) | 2.22 | 2.2 |
| | (i) Federal Share | 0.00 | 0.00 |
| | (ii) "Levin" Share | 0.00 | 0.00 |
| | (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| | (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 1. | Total Disbursements (add Lines 21(c), 22, | | |
| | 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 44934.75 | 341367.70 |
| 2. | Total Federal Disbursements | | |
| | (subtract Line 21(a)(ii) from Line 30(a)(ii) | 44004.75 | 041007.70 |
| | from Line 31) | 44934.75 | 341367.70 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|----------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 21664.00 | 365604.88 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 250.00 |
| 85. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 21664.00 | 365354.88 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 418.44 | 9716.96 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 88. Net Operating Expenditures (subtract Line 37 from Line 36) | 418.44 | 9716.96 |

| S | CHEDULE A (FEC Form 3X) | | FOR LINE NUMBER: PAGE 6 | | |
|---|---|------------------------------|--|---|--|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) | |
| • | EWIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 | |
| | | | | 13 14 15 16 17 | |
| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the r | atements may name and add | r not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. | |
| Ν | NAME OF COMMITTEE (In Full) | | | | |
| | American Podiatric Medical Assn., Inc. | Podiatry P | olitical Action Committee | | |
| A. | Full Name (Last, First, Middle Initial) Dr. Thomas S. Godfryd | | | Date of Receipt | |
| | Mailing Address 4988 Heather Point | | | 10 05 2005 | |
| | City | State | Zip Code | Transaction ID: 11619218 | |
| | Birmingham | AL | 35242-3950 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 200.00 | |
| | Name of Employer Self Employed | Occupation Podiatrist | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General | | 1450.00 | 1 | |
| | Other (specify) | 0 0 | 1430.00 | | |
| В. | Full Name (Last, First, Middle Initial) Dr. Ronald C. Hetman | | | Date of Receipt | |
| | Mailing Address 9543 Bridlewood Trl. | 10 03 2005 | | | |
| | City | State | Zip Code | Transaction ID: 11626081 | |
| | Centerville | OH | 45458-9320 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 300.00 | |
| | Name of Employer Self Employed | Occupation Podiatrist | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General | | 300.00 | 1 | |
| | Other (specify) | 0 0 | 300.00 | | |
| C. | Full Name (Last, First, Middle Initial) Dr. Richard J. Miller | | | Date of Receipt | |
| | Mailing Address 2408 Houston Branch F | 10 06 2005 | | | |
| | City | State | Zip Code | Transaction ID: 11626218 | |
| | Charlotte | NC | 28270-0777 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 300.00 | |
| | Name of Employer Self Employed | Occupation Podiatrist | | | |
| | Receipt For: | - | Year-to-Date ▼ | | |
| | Primary General Other (specify) | | 300.00 | 1 | |
| | ☐ Ottlet (Specify) ₩ | - | | 1 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 800.00 | |
| Т | OTAL This Period (last page this line number o | nlv) | | | |

| S | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 7 / 28 | | | |
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| | EMIZED RECEIPTS | | or each category of the | (check only one) | | | |
| • | LIVIIZED RECEIP 13 | | Detailed Summary Page | X 11a 11b 11c 12 | | | |
| | | | | 13 14 15 16 17 | | | |
| Ar or | ly information copied from such Reports and Stat for commercial purposes, other than using the na | ements may ame and add | not be sold or used by any personders of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. | | | |
| | NAME OF COMMITTEE (In Full) | | | | | | |
| | American Podiatric Medical Assn., Inc. | Podiatry P | olitical Action Committee | | | | |
| A. | Full Name (Last, First, Middle Initial) Dr. William M. Hansen | Date of Receipt | | | | | |
| | Mailing Address 470 W. 24th St. #16A | 10 13 2005 | | | | | |
| | City | State | Zip Code | Transaction ID: 11641952 | | | |
| | New York | NY | 10011-1238 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | | |
| | Name of Employer Self Employed | Occupation Podiatris | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | 7 | | | |
| | Primary General | | 250.00 | 1 | | | |
| | Other (specify) ▼ | 0 0 | 250.00 | | | | |
| В. | Full Name (Last, First, Middle Initial) Dr. Stephen M. Geller | | | Date of Receipt | | | |
| | Mailing Address 1739 W. Laurie Ln. | | | 10 13 2005 | | | |
| | City | State | Zip Code | Transaction ID: 11641954 | | | |
| | Phoenix | AZ | 85021-5258 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 300.00 | | | |
| | Name of Employer Self Employed | Occupation Podiatris | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | 7 | | | |
| | Primary General | | 000.00 | 1 | | | |
| | Other (specify) | | 300.00 | | | | |
| C. | Full Name (Last, First, Middle Initial) Dr. Steven M. Spinner | | | Date of Receipt | | | |
| | Mailing Address 1031 Coralina Ln. | | | 10 13 2005 | | | |
| | City | State | Zip Code | Transaction ID: 11641959 | | | |
| | Delray Beach | FL | 33483-6792 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 300.00 | | | |
| | Name of Employer Self Employed | Occupation Podiatris | | 7 | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | |
| | Primary General | | 000.00 | 1 | | | |
| | Other (specify) | | 300.00 |] | | | |
| | UBTOTAL of Receipts This Page (optional) | | | 850.00 | | | |
| \Box | ODITINE OF NECERPLS THIS FAGE (OPLICITAL) | ••••• | ······ | | | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 8 / 28 |
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| ıт | EMIZED RECEIPTS | | or each category of the | (check only one) |
| •• | LIMIZED REGEN 10 | | Detailed Summary Page | X 11a 11b 11c 12 15 16 17 |
| Ar | y information copied from such Reports and State | ements may | not be sold or used by any perso | on for the purpose of soliciting contributions |
| or | for commercial purposes, other than using the na | solicit contributions from such committee. | | |
| | NAME OF COMMITTEE (In Full) | | | |
| | American Podiatric Medical Assn., Inc. I | Podiatry P | olitical Action Committee | |
| Α. | Full Name (Last, First, Middle Initial) Dr. Timothy E. Pitts | | | Date of Receipt |
| | Mailing Address Valdosta Podiatry Associ | ates, P.C. | | M " M / D " D / Y " Y " Y " Y |
| | 2718 N. Oak St. | | | 10 13 2005 |
| | City | State | Zip Code | Transaction ID: 11642710 |
| | Valdosta | GA | 31602-1781 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupation Podiatrist | | 7 |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | | 050.00 | 1 |
| | Other (specify) \blacktriangledown | 0 0 | 250.00 | |
| В. | Full Name (Last, First, Middle Initial) Dr. Gary S. Scheinin | | | Date of Receipt |
| | Mailing Address 555 Knowles Dr. #220 | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| | City | Zip Code | Transaction ID: 11660217 | |
| | Los Gatos | CA | 95032-1551 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupation Podiatrist | | |
| | Receipt For: | | Year-to-Date V | - |
| | Primary General | riggrogato | | 1 |
| | Other (specify) ▼ | 0 0 | 250.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) Dr. Jason A. Weiland | | | Date of Receipt |
| | Mailing Address 106 3rd St. S.W. | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 11660424 |
| | Watertown | SD | 57201-4238 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 250.00 |
| | federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupation Podiatrist | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 250.00 | 1 |
| | Other (specify) ▼ | | 250.00 | |
| <u>_</u> | UBTOTAL of Receipts This Page (optional) | | | 750.00 |
| ۲ | ODITAL OF HEGEIPES THIS FAGE (OPHOHAI) | | | |
| Т | OTAL This Period (last page this line number onl | y) | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 9 / 28 |
|-----------|--|----------------------------|---|---|
| ıT | EMIZED RECEIPTS | | or each category of the | (check only one) |
| 11 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | , G | 13 14 15 16 17 |
| Ar or | ly information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions a solicit contributions from such committee. |
| abla | NAME OF COMMITTEE (In Full) | | | |
| \rangle | American Podiatric Medical Assn., Inc. | Podiatry F | Political Action Committee | |
| Α. | Full Name (Last, First, Middle Initial) Dr. David C. Cavallaro | Date of Receipt | | |
| | Mailing Address 12008 Remington Rd. | 10 19 2005 | | |
| | City | State | Zip Code | Transaction ID: 11660425 |
| | Oklahoma City | OK | 73170-4854 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupation Podiatris | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 05000 | 1 |
| | Other (specify) ▼ | 0 0 | 250.00 | |
| В. | Full Name (Last, First, Middle Initial) Dr. Anthony D. Cozzolino | Date of Receipt | | |
| | Mailing Address 7581 Polo Ln. | | | 10 19 2005 |
| | City | State | Zip Code | Transaction ID: 11660427 |
| | Powell | OH | 43065-6935 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupation Podiatris | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | | 1 |
| | Other (specify) ▼ | 0 0 | 250.00 | |
| | Full Name (Last, First, Middle Initial) | | | |
| C. | Dr. Ruth Ann Cooper | | | Date of Receipt |
| | Mailing Address 4415 Aicholtz Rd. #200 | | | 10 14 2005 |
| | City | State | Zip Code | Transaction ID: 11660448 |
| | Cincinnati | OH | 45245-1506 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 500.00 |
| | Name of Employer Self Employed | Occupation Podiatris | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 500.00 | 1 |
| | Other (specify) | 0 0 | 500.00 | |
| [s | UBTOTAL of Receipts This Page (optional) | | | 1000.00 |
| ı | == | | | |

| | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) or each category of the | FOR LINE NUMBER: PAGE 10 / 28 (check only one) |
|-------------------|---|-----------------------------|---|--|
| | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| An or | y information copied from such Reports and Sta for commercial purposes, other than using the r | itements may ame and add | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions osolicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. | Podiatry P | Political Action Committee | |
| <u>′</u> | Full Name (Last, First, Middle Initial) | | | |
| Α. | Dr. Michael J. Marcus Mailing Address 405 Goldenrod Ave. | | | Date of Receipt 1 0 1 4 2 0 0 5 |
| | City | State | Zip Code | 1 0 1 4 2 0 0 5 Transaction ID: 11660455 |
| | Corona Del Mar | CA | 92625-2913 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupation Podiatris | | |
| | Receipt For: | | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 250.00 |] |
| 3. | Full Name (Last, First, Middle Initial) Dr. Michael J. Sabo | | | Date of Receipt |
| | Mailing Address 354 Weisinger Ln. | | 10 17 2005 | |
| | City | State | Zip Code | Transaction ID: 11660657 |
| | Lufkin | TX | 75904-6630 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupation Podiatris | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 250.00 | |
|). | Full Name (Last, First, Middle Initial) Dr. Chris A. Klimowich | | | Date of Receipt |
| | Mailing Address 12630 Panasoffkee Dr. | | | 10 24 2005 |
| | City | State | Zip Code | Transaction ID: 11665428 |
| | North Fort Myers | FL | 33903-4748 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupation | | |
| | Sell Employed | Podiatris | | |
| | Receipt For: Primary General Other (specify) | | e Year-to-Date ▼ 250.00 | |
| S | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ 250.00 | 750.00 |

| 0 | JEDIJI E A /EEC Form 2V) | | | FOR LINE NUMBER: PAGE 11 / 28 | | |
|------------|--|--------------|-------------------------------------|--|--|--|
| 5 | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | (check only one) | | |
| IT | EMIZED RECEIPTS | | or each category of the | X 11a 11b 11c 12 | | |
| | | | Detailed Summary Page | 13 14 15 16 17 | | |
| ۸r | y information copied from such Reports and St | otomonte may | rnot ha cold or used by any pare | | | |
| or | for commercial purposes, other than using the i | name and add | dress of any political committee to | o solicit contributions from such committee. | | |
| | NAME OF COMMITTEE (In Full) | | · | | | |
| $ \rangle$ | American Podiatric Medical Assn., Inc. | Podiatry P | olitical Action Committee | | | |
| | 7 interiodi i Caratrio Medical 7 cerii, mei | r outury r | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | |
| A. | Dr. Glenn F. DeVries | | | Date of Receipt | | |
| | Mailing Address W13300 C.R. AS | | | M M / D D / Y Y Y Y | | |
| | | <u> </u> | | 10 24 2005 | | |
| | City | State | Zip Code | Transaction ID: 11665431 | | |
| | Brandon | WI | 53919-9309 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing | С | | 250.00 | | |
| | federal political committee. | 0 | | | | |
| | Name of Employer Self Employed | Occupation | 1 | \neg | | |
| | Self Employed | Podiatrist | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | |
| | Primary General | | | 7 | | |
| | Other (specify) ▼ | | 250.00 | | | |
| | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | |
| В. | Dr. Steven F. Lakamp | | | Date of Receipt | | |
| | Mailing Address 610 Miami Ave. | | | 10 18 2005 | | |
| | City | State | Zip Code | | | |
| | Terrace Park | OH | 45174-1132 | Transaction ID: 11665461 | | |
| | | OH | 43174-1132 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | |
| | Todoral political committee. | | | | | |
| | Name of Employer Self Employed | Occupation | 1 | | | |
| | | Podiatrist | t | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | |
| | Primary General | ' ' | 250.00 | 1 | | |
| | Other (specify) ▼ | | 200.00 | 1 | | |
| _ | Full Name (Leat First Middle Initial) | | | | | |
| C. | Full Name (Last, First, Middle Initial) Dr. Gordon W. Patton | | | Date of Receipt | | |
| | Mailing Address 175 Melody Ln. | | | M M / D D / Y Y Y Y | | |
| | | | | 10 24 2005 | | |
| | City | State | Zip Code | Transaction ID: 11667303 | | |
| | <u>Fayetteville</u> | GA | 30215-5404 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing | | | 300.00 | | |
| | federal political committee. | C | | 300.00 | | |
| | Name of Employer | Occupation | า | \dashv | | |
| | Self Employed | Podiatrist | | | | |
| | Receipt For: | | Year-to-Date ▼ | - | | |
| | Primary General | 33.09410 | | 7 | | |
| | Other (specify) ▼ | | 300.00 | | | |
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| s | UBTOTAL of Receipts This Page (optional) | | | 800.00 | | |
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| or | y information copied from such Reports and St for commercial purposes, other than using the | name and add | dress of any political committee to | solicit contributions from s | uch committee. | | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | |
| | American Podiatric Medical Assn., Inc. | Podiatry P | olitical Action Committee | _ | | | | |
| A. | Full Name (Last, First, Middle Initial) Dr. Keith A. Turlington | | | Date of Receipt | | | | |
| | Mailing Address 10000 Watson Rd. #2F | 1 | | 10 24 | 2005 | | | |
| | City | State | Zip Code | Transaction ID: 116 | 367312 | | | |
| | Saint Louis | MO | 63126-1854 | Amount of Each Rec | eipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | | 300.00 | | | |
| | Name of Employer Self Employed | Occupation Podiatrist | | 7 | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | | | |
| | Primary General | | 300.00 | | | | | |
| | Other (specify) ▼ | 0 0 | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Dr. Richard S. Cutler | Date of Receipt | | | | | | |
| | Mailing Address 361 Granville Rd. | 10 / D D D 24 | 2005 | | | | | |
| | City | State | Zip Code | Transaction ID: 116 | 367318 | | | |
| | North Granby | CT | 06060-1008 | Amount of Each Rec | eipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | | 250.00 | | | |
| | Name of Employer Self Employed | Occupation | | | | | | |
| | | Podiatrist | | | | | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | | | | | |
| | Other (specify) ▼ | 0 0 | 250.00 | | | | | |
| C. | Full Name (Last, First, Middle Initial) Dr. Marc J. Hudes | | | Date of Receipt | | | | |
| | Mailing Address 22 Sunset Dr. | | | 10 / 25 | 2005 | | | |
| | City | State | Zip Code | Transaction ID: 116 | 367347 | | | |
| | Monticello | NY | 12701-4500 | Amount of Each Rec | eipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | | 300.00 | | | |
| | Name of Employer Self Employed | Occupation Podiatrist | |] | | | | |
| | Receipt For: | | Year-to-Date ▼ | 7 | | | | |
| | Primary General Other (specify) ▼ | | 400.00 | | | | | |
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| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 13 / 28 |
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| 7 | NAME OF COMMITTEE (In Full) | | areas or any pointed committee to | |
| \rangle | American Podiatric Medical Assn., Inc. | Podiatry P | Political Action Committee | |
| A. | | | | Date of Receipt |
| | Mailing Address 2308 Greenside Ct. | | | 10 25 2005 |
| | City | State | Zip Code | Transaction ID: 11667348 |
| | Ponte Vedra Beach | FL | 32082-3700 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupation Podiatris | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | , |
| | Other (specify) | | 250.00 | |
| В. | Full Name (Last, First, Middle Initial) Dr. Brian G. Ralph | | | Date of Receipt |
| | Mailing Address 4 Glenwood Ave. | | | 10 25 2005 |
| | City | State | Zip Code | Transaction ID: 11667349 |
| | Charleston | SC | 29403-4326 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupation Podiatris | | |
| | Receipt For: | | e Year-to-Date ▼ | |
| | Primary General | - | 250.00 | 1 |
| | Other (specify) ▼ | 0 0 | | |
| C. | Full Name (Last, First, Middle Initial) Dr. Loreen M. Flaherty | | | Date of Receipt |
| | Mailing Address 2303 W Sunset | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 11667350 |
| | <u>Visalia</u> | CA | 93291-4501 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupation Podiatris | | |
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| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) | | | |
| / | American Podiatric Medical Assn., Inc. | Podiatry P | olitical Action Committee | _ |
| ۹. | Full Name (Last, First, Middle Initial) Dr. Norman Kornblatt | | | Date of Receipt |
| | Mailing Address 3579 Tuckers Farm Ln. | | 7: 0 1 | 10 25 2005 |
| | City | State | Zip Code | Transaction ID: 11667351 |
| | Marietta | GA | 30067-5182 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupation Podiatris | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | 1 |
| | Primary General Other (specify) ▼ | | 250.00 | |
| 3. | Full Name (Last, First, Middle Initial) Dr. Benjamin W. Weaver | | | Date of Receipt |
| | Mailing Address Central KS Podiatry Asset 613 N. Main | ociates | | 10 25 7 2005 |
| | City | State | Zip Code | Transaction ID: 11667354 |
| | El Dorado | KS | 67042-2027 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 400.00 |
| | Name of Employer Self Employed | Occupation | 1 | 7 |
| | | Podiatris | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) | | 400.00 | |
|). | Full Name (Last, First, Middle Initial) Dr. Donald James Carlson | | | Date of Receipt |
| | Mailing Address 711 N.W. 6th St. | | | M M / D D / Y Y Y Y Y Y Y 1 Y 1 1 1 1 1 1 1 1 1 1 |
| | City | State | Zip Code | Transaction ID: 11684044 |
| | Pendleton | OR | 97801-1319 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 300.00 |
| | Name of Employer Self Employed | Occupation Podiatris | | |
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| Any infor | rmation copied from such Reports and Stat mmercial purposes, other than using the na | ements may ame and add | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| \ | E OF COMMITTEE (In Full) erican Podiatric Medical Assn., Inc. | Podiatry P | olitical Action Committee | |
| A. Dr. Ar Mailir City Mad FEC feder Name | ID number of contributing al political committee. e of Employer Employed ipt For: Primary General | State NJ C Occupation Podiatris Aggregate | | Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Dr. St Mailir City | Other (specify) Name (Last, First, Middle Initial) teven L. Hobkirk ng Address 549 W. Chocolate Ave. | State | Zip Code | Date of Receipt M M |
| Name Self I | ID number of contributing al political committee. e of Employer Employed ipt For: Primary General Other (specify) | C Occupation Podiatris Aggregate | | Amount of Each Receipt this Period 250.00 |
| C. Dr. To Mailir City Utica FEC feder. Name Self I | Name (Last, First, Middle Initial) erence Scott Pedersen ng Address 122 Lake Shore Dr. a ID number of contributing al political committee. e of Employer Employed ipt For: Primary General Other (specify) | State SD C Occupation Podiatris: Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
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| NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc | . Podiatry Political Action Committee | | | | | | | |
| Full Name (Last, First, Middle Initial) Investment Account, Interest/Dividends Mailing Address 100 Light St., 19th Floor | or | Date of Receipt | | | | | | |
| City | State Zip Code | 1 0 3 1 2 0 0 5 Transaction ID: 11719686 | | | | | | |
| Baltimore FEC ID number of contributing federal political committee. | MD 21202-1036 | Amount of Each Receipt this Period 225.60 | | | | | | |
| Name of Employer Citigroup Global Markets, Inc. Receipt For: | Occupation Investment Firm Aggregate Year-to-Date ▼ | | | | | | | |
| Primary General Other (specify) ▼ | 1618.71 | | | | | | | |

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| \ | NAME OF COMMITTEE (In Full) | | , | | | | | | | |
| / | American Podiatric Medical Assn., Inc. Po | diatry Politi | cal Action Cor | mmittee | | | | | | |
| ۹. | Full Name (Last, First, Middle Initial) | | | | Transaction ID | | | | | |
| ٦. | Wachovia Bank, N.A. | | | | Date of Disburs | | | | | |
| | Mailing Address NC8502 PO Box 563966 | | | | 10 | 03 7 2005 | | | | |
| | | | Zip Code 28262-3966 | | Amount of Eac | h Disbursement this Period | | | | |
| | Purpose of Disbursement Bank Fees | | | 004 | | 4.50 | | | | |
| | Candidate Name | | | 001 Category/ | | | | | | |
| | | | | Туре | | | | | | |
| | Office Sought: House Disburse Senate | ment For: Primary | General | | Bank Fees | | | | | |
| | President | Other (speci | | | | | | | | |
| | State: District: | | | | | | | | | |
| 3. | Full Name (Last, First, Middle Initial) Wachovia Bank, N.A. | | | | Transaction ID Date of Disburs | | | | | |
| | | | | | | | | | | |
| | Mailing Address NC8502 PO Box 563966 | | | | | | | | | |
| | , | | Zip Code 28262-3966 | | Amount of Eac | h Disbursement this Period | | | | |
| | Purpose of Disbursement | | | • | | 269.97 | | | | |
| | Bank Fees Candidate Name | 001 Category/ | | | | | | | | |
| | | | | Type | | | | | | |
| | Office Sought: House Disburse Senate | ment For: Primary | General | | Bank Fees | | | | | |
| | President | Other (speci | | | | | | | | |
| | State: District: | | | | | | | | | |
| Э. | Full Name (Last, First, Middle Initial) Wachovia Bank, N.A. | | | | Transaction ID Date of Disburs | | | | | |
| | | | | | | | | | | |
| | Mailing Address NC8502 PO Box 563966 | | | | 1 0 | 2005 | | | | |
| | City | | Zip Code 28262-3966 | | Amount of Eac | h Disbursement this Period | | | | |
| | Purpose of Disbursement Bank Fees | - | | 001 | | 45.53 | | | | |
| | Candidate Name | | | 001 Category/ | | | | | | |
| | Office Sought: House Disburse | ment For: | | Туре | | | | | | |
| | Senate | Primary | General | | Bank Fees | | | | | |
| | President State: District: | Other (speci | fy) 🔻 | | | | | | | |
| | Side. District. | | | | | | | | | |
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| NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. | | |
| Full Name (Last, First, Middle Initial) A. Wachovia Bank, N.A. | | Transaction ID: 12780369 Date of Disbursement MM / DO D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address NC8502 PO Box 563966 | | |
| City Charlotte | State Zip Code NC 28262-3966 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Bank Fees Candidate Name | 001 Categ | ory/ |
| Office Sought: House Disbut Senate President State: District: | Type Sement For: Primary General Other (specify) | Bank Fees |
| Full Name (Last, First, Middle Initial) B. Wachovia Bank, N.A. | | Transaction ID: 12780370 Date of Disbursement |
| Mailing Address NC8502 PO Box 563966 | | 10 M / D 0 A / Y Y Y O O 5 Y |
| City Charlotte | State Zip Code NC 28262-3966 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Bank Fees | 001 | 15.42 |
| Candidate Name | Catego Typo | |
| Office Sought: House Disbut Senate President State: District: | rsement For: Primary General Other (specify) | Bank Fees |
| Full Name (Last, First, Middle Initial) C. Wachovia Bank, N.A. | | Transaction ID: 12780371 Date of Disbursement |
| Mailing Address NC8502 PO Box 563966 | | 1 0 M / D 0 B / Y Y Y O O 5 Y |
| City Charlotte | State Zip Code NC 28262-3966 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Bank Fees | 001 | 64.64 |
| Candidate Name | Catego Typo | |
| Office Sought: House Disbut Senate President State: District: | sement For: Primary General Other (specify) ▼ | Bank Fees |
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| V O | NAME OF COMMITTEE (In Full) | The and address of any politica | u Com | 1111 | iillee | to Solic | SIL COLL | iibuti | 10115 11 | OIII S | uch co | mmuee | , | |
| \rangle | American Podiatric Medical Assn., Inc. F | Podiatry Political Action C | omn | ni | ttee | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | Trans | sacti | on ID: | : 116 | 2027 | 5 | | |
| Α. | Weldon Victory Committee | | | | | | | _ | isburs | | ıt | | | |
| | Mailing Address P. O. Box 1992 | | | | | | 1 ^M 0 | М | [′] | 6 | / L | žoŏ | 5 [*] | |
| | City State Zip Code Media PA 19063 | | | | | | | ınt o | f Each | n Disk | ursem | ent this | Period | |
| | Purpose of Disbursement | | | | | | | | | | | 2500 | .00 | |
| | 2006 Primary Election | | | _ | 11. | | | | | | | | | |
| | Candidate Name Rep. Curt Weldon | | | | egory. ype | ['] | | | | | | | | |
| | Senate President | sement For: 2006 X Primary General Other (specify) | | | | | 2006 Primary Election | | | | | | | |
| | State: PA District: 7 | | | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Wexler for Congress Committee | | | | | | Date | of Di | isburs | emen | 3419 it | 7 | | |
| | Mailing Address 2500 N. Military Trail | | | | | | 1 ^M 0 | М | / D | 0 | / Y | žoŏ | 5 ^Y | |
| | City Boca Raton | State Zip Code FL 33431 | | | | | Amou | ınt o | f Each | n Dist | ursem | ent this | | |
| | Purpose of Disbursement 2006 Primary Election 011 | | | | | | | 0 | | | 0 | 1000 | .00 | |
| | Candidate Name Mr. Robert Wexler Category/ Type | | | | | | | | | | | | | |
| | X | sement For: 2006 X Primary General Other (specify) | | | | | 2006 | Prir | nary | Elec | tion | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | - | | 3419 | 2 | | |
| C. | Cummings For Congress Campaign Con | nmittee | | | | | | of Di м | isburs | | it | | · V | |
| | Mailing Address PO Box 1631 | | | | | | 1 ^M 0 | IVI | | ΙÖ | / _ * | žoŏ | 5 | |
| | City Baltimore | State Zip Code MD 21203 | | | | | Amou | ınt o | f Each | n Disb | ursem | ent this | Period | |
| | Purpose of Disbursement 2006 Primary Election | | | 0 | 11 | 7 | L. | _ | | | | 1000 | .00 | |
| | Candidate Name Rep. Elijah E. Cummings | | Ca | at | egory. ype | | | | | | | | | |
| | | sement For: 2006 X Primary General Other (specify) | ı | | • | | 2006 | Prir | mary | Elec | tion | | | |
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| \rangle | NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Po | diatry Political Action Co | omm | ittee | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) DREIER FOR CONGRESS COMMITTEE | | | | Date o | action ID: | | | 0 ŏ 5 | Y | | |
| | Mailing Address P O BOX 1110 | | | | | | | 2 | 0 0 5 | | | |
| | | State Zip Code CA 91722 | | | Amoui | nt of Each | Disburse | ement | this P | eriod | | |
| | Purpose of Disbursement 2006 Primary Election | | | 011 | L. | | | 20 | 0.000 | 0 | | |
| | Candidate Name David Dreier | | Ca | egory/ ype | | | | | | | | |
| | | ment For: 2006 Primary General Other (specify) | | | 2006 I | Primary | Election | | | | | |
| 3. | Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee | | | | | action ID: | | 85 | | | | |
| | | | | | | _ | | Ý | 0 ŏ 5 | Y | | |
| | | 7.0 | | | | | | | | | | |
| | , | State Zip Code TN 37133 | | | Amount of Each Disbursement this Perio | | | | | | | |
| | Purpose of Disbursement 2006 Primary Election | | |)11 | | | | . 10 | 0.00 | 0 | | |
| | Candidate Name Rep. Bart Gordon | Category/ Type | | | | | | | | | | |
| | X | ment For: 2006 Primary General Other (specify) | | | 2006 Primary Election | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | Transa | action ID: | : 116341 | 98 | | | | |
| ٠. | Becerra for Congress | | | | M I | f Disburs | ement | Y Y | _ Y _ | Y | | |
| | Mailing Address P.O. Box 261060 | | | | 1 0 | 1 | 0 | 2 | 0 ŏ 5 | | | |
| | , | State Zip Code CA 90026 | | | Amoui | nt of Each | Disburse | ement | this P | eriod | | |
| | Purpose of Disbursement 2006 Primary Election | | | 011 | <u>L.</u> | | | 10 | 0.000 | 0 | | |
| | Candidate Name Mr. Xavier Becerra | | Ca | egory/ ype | | | | | | | | |
| | | ment For: 2006 Primary General Other (specify) | | | 2006 I | Primary | Election | | | | | |
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| S | CHEDULE B (FEC Form 3X) | EDULE B (FEC Form 3X) Use seperate schedule(s) FOR (sheet) | | | | | | | LINE NUMBER: PAGE 21 / 28 | | | | | | | | |
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| $\left.\right\rangle$ | NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc | | | | | nom saon e | | | | | | | | | | | |
| ۸. | Full Name (Last, First, Middle Initial) Mike Mcintyre For Congress | | | | Transaction II Date of Disbur | | 89 | | | | | | | | | | |
| | Mailing Address P.O. Box 1 | | 10 / | 1 0 / Y | ž (|) ŏ 5 | Y | | | | | | | | | | |
| | City Lumberton | State Zip Code NC 28359 | | Amount of Eac | h Disburse | - | | - | | | | | | | | | |
| | Purpose of Disbursement 2006 Primary Election | | | 011 | | | 10 | 0.00 | 0 | | | | | | | | |
| | Candidate Name Rep. Mike McIntyre | bursement For: 2006 | | tegory/ Γype | | | | | | | | | | | | | |
| | Office Sought: X House Senate President State: NC District: 7 | X Primary General Other (specify) | | | 2006 Primary | Election | | | | | | | | | | | |
| 3. | Full Name (Last, First, Middle Initial) Citizens For John Olver For Congress | | | | Transaction II | | 76 | | | | | | | | | | |
| | Mailing Address P.O. Box 819 PO Box 819 | | 10 / | 1 0 / Y | ž (|) Ó 5 | Y | | | | | | | | | | |
| | City Amherst | | | | | | | | eriod | | | | | | | | |
| | Purpose of Disbursement 2006 Primary Election Candidate Name | 011 | | | 10 | 0.00 | 0 | | | | | | | | | | |
| | Rep. John W. Olver | 71- | | | | | | | | | | | | | | | |
| | Senate President State: MA District: 1 | bursement For: 2006 X Primary General Other (specify) | | | 2006 Primary Election | | | | | | | | | | | | |
| Э. | Full Name (Last, First, Middle Initial) Friends Of Senator Rockefeller | | | | Transaction II Date of Disbur | sement | 01 | | | | | | | | | | |
| | Mailing Address PO Box 1909 | | | | 10 / | 1 0 / Y | ž (|) Ď 5 | Y | | | | | | | | |
| | City Charleston | State Zip Code WV 25327 | | | Amount of Eac | h Disburse | | | - | | | | | | | | |
| | Purpose of Disbursement 2008 Primary Election | | | 011 | | | 25 | 500.0 | 0 | | | | | | | | |
| | Candidate Name Sen. John D. Rockefeller, IV Office Sought: House Dis | bursement For: 2008 | | tegory/ Type | | | | | | | | | | | | | |
| | X Senate President | Primary General X Other (specify) ▼ 08 Primary Electio | | | 2008 Primary | / Election | | | | | | | | | | | |
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| Or 1 | NAME OF COMMITTEE (In Full) | me and address of any politica | u com | 1111 | illee i | O SOII | Sit Cont | ribut | ions i | TOITE | Sucri | COITII | muee | |
| \rangle | American Podiatric Medical Assn., Inc. | Podiatry Political Action C | omn | nit | tee | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | Trans | sact | on II | D : 11 | 6341 | 77 | | |
| Α. | Musgrave For Congress | | | | | | Date | _ | isbur: | | ent | V . V | , | V |
| | Mailing Address 5401 Stone Creek Circle Suite 777 | | | | | | 1 0 | IVI | Ľ | 1 0 | ľL | 2 | o ŏ | 5 |
| | City State Zip Code | | | | | | | ınt o | f Eac | h Dis | burse | emen | t this | Period |
| | Loveland Purpose of Disbursement | CO 80538 | I | | | | | | | | | - | 1000. | 00 |
| | 2006 Primary Election | | | 0 | 11 | | | - | | | | - | | |
| | Candidate Name Rep. Marilyn N. Musgrave | | | | egory/ pe | | | | | | | | | |
| | Senate President | sement For: 2006 X Primary General Other (specify) | | | | | 2006 | Prii | mary | Ele | ction | l | | |
| | State: CO District: 4 | | | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Schwarz For Congress | | | | | | Trans Date | of D | isbur | seme | | | | V |
| | Mailing Address Post Office Box 2063 | | | | | | 1 ^M 0 | М | / D | 10 | | ž | o ŏ ŧ | 5 ^Y |
| | City Battle Creek | State Zip Code MI 49016 | | | | | Amou | ınt o | f Eac | h Dis | burse | - | | Period |
| | Purpose of Disbursement 2006 Primary Election 011 | | | | | | L. | | - | | | | 1000. | 00 |
| | Candidate Name Rep. John Schwarz, M.D. Category/ Type | | | | | | | | | | | | | |
| | Senate President | sement For: 2006 X Primary General Other (specify) | • | | | | 2006 | Prii | mary | Ele | ction | l | | |
| | State: MI District: 7 Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | |
| C. | Cubin For Congress Inc | | | | | | Trans Date | | | seme | | | , · · · · · | V |
| | Mailing Address Post Office Box 4657 P O Box 4657 | | | | | | 1 0 | | Ľ | 20 | ľL | 2 | o ŏ : | 5 |
| | City Casper | State Zip Code WY 82604 | | | | | Amou | ınt o | f Eac | h Dis | burse | - | - | Period |
| | Purpose of Disbursement 2006 Primary Election | | | 0 | 11 | 1 | L. | - | - | | | 3 | 3000. | 00 |
| | Candidate Name Rep. Barbara Cubin | | | | egory/ /pe | | | | | | | | | |
| | Office Sought: X House Senate President State: WY District: 1 | sement For: 2006 X Primary General Other (specify) | • | | | | 2006 | Prii | mary | Ele | ction | l | | |
| | - | l) | | | | | | - | | _ | | | 000. | |

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| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21 27 | b $\dot{\Box}$ | · — | 23 28b | 24 28c | \blacksquare | 25 29 | 26 30b |
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| or for commercial purposes, other than using the name | and address of any political col | mmittee t | U SOIIC | il contribi | JUONS TRO | orn such (| commit | iee | |
| NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Po | diatry Political Action Com | mittee | | | | | | | |
| Full Name (Last, First, Middle Initial) A. People For Patty Murray U S Senate Camp | aign | | | | Disburse | | | V ° V | |
| Mailing Address PO Box 3662 | | | | 1 0 | 2 | 0 / | 20 | Ď5 [°] | |
| | State Zip Code WA 98124 | Amount | of Each | Disburse | | | - | | |
| Purpose of Disbursement 2010 Primary Election | | 011 | | | | | 10 | 00.00 |) |
| Candidate Name Sen. Patty Murray | | Category/ Type | | | | | | | |
| | nent For: 2010 Primary General Other (specify) | | | 2010 Pr | imary I | Election | | | |
| Full Name (Last, First, Middle Initial) | , =:::::: | | | Transac | tion ID: | 116628 | 41 | | |
| 5. Kennedy for Senate | | | | Date of | Disburse | ement | / · Y | Y ° Y | |
| Mailing Address 301 4th St., NE - Suite 20 | 2 | | | 1 0 " | 2 | Ŏ | 20 | Ŏ5 [°] | |
| , | State Zip Code DC 20002 | | | Amount | of Each | Disburse | | | |
| Purpose of Disbursement 2006 General Election | | 011 | 1 | | | | . 22 | 00.00 |) |
| Candidate Name Edward M. Kennedy | C | Category/ Type | | | | | | | |
| Office Sought: House Disburse X Senate President | ment For: 2006 Primary X General Other (specify) ▼ | | | 2006 General Election | | | | | |
| State: MA District: 1 Full Name (Last, First, Middle Initial) | | | | | | | | | |
| Castle Campaign Fund | | | | Date of | Disburse | | | ., | |
| Mailing Address P.O Box 133 | | | | 10 | [/] 2 | 0 / | Ž 0 | Ď5 [°] | |
| | State Zip Code DE 19899 | | | Amount | of Each | Disburse | ment t | his Pe | riod |
| Purpose of Disbursement 2006 General Election | | 011 | 1 | | | | 10 | 00.00 |) |
| Candidate Name Rep. Michael N. Castle | C | Category/ Type | | | | | | | |
| Office Sought: X House Senate President State: DE District: 1 | ment For: 2006 Primary X General Other (specify) ▼ | | | 2006 G | eneral I | Election | | | |
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| $\left\langle \right\rangle$ | NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Po | | | | | on soon committee | |
| Α. | Full Name (Last, First, Middle Initial) Hall For Congress Committee (Ralph Hall | - Rockwall | | | Transaction ID Date of Disburs | | |
| | Mailing Address Post Office Box 711 | M M / D D / Y 2005 | | | | | |
| | City Rockwall | State Zip Code TX 75087 | | | Amount of Each | n Disbursement this Period | |
| | Purpose of Disbursement 2006 Primary Election | | _ | 011 | | 2500.00 | |
| | Candidate Name Rep. Ralph M. Hall Office Sought: X House Disburse | ement For: 2006 | | ategory/ Type | | | |
| | | Primary General Other (specify) | | | 2006 Primary | Election | |
| В. | Full Name (Last, First, Middle Initial) Schakowsky For Congress | | | | Transaction ID Date of Disburs | ement | |
| | Mailing Address P.O. Box 5130 | | | | | | |
| | City Evanston | State Zip Code IL 60204 | | | Amount of Each | n Disbursement this Period | |
| | Purpose of Disbursement 2006 Primary Election Candidate Name | | | 011 | | 1000.00 | |
| | Rep. Janice D. Schakowsky | | ı | ategory/ Type | | | |
| | | ement For: 2006 Primary General Other (specify) | - | | 2006 Primary | Election | |
| C. | Full Name (Last, First, Middle Initial) Andrews For Congress Committee | | | | Transaction ID Date of Disburs | ement | |
| | Mailing Address 215 Fourth Avenue Suite 200 | | | | 10 / 2 | 20 | |
| | Haddon Heights | State Zip Code NJ 08035 | | | Amount of Each | n Disbursement this Period | |
| | Purpose of Disbursement 2006 Primary Election Candidate Name | | | 011 ategory/ | 1000.00 | | |
| | Rep. Robert E. Andrews | | Type | | | | |
| | X | ement For: 2006 Primary General Other (specify) | | | 2006 Primary | Election | |
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| or | for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) | ne and address of any politica | ı com | nn | iittee | to solic | cit conti | ributi | ons tr | om si | icu cor | nmittee | |
| $ \rangle$ | American Podiatric Medical Assn., Inc. F | odiatry Political Action C | omm | ni | ttaa | | | | | | | | |
| L | American Fodiatire Medical Assn., inc. 1 | odiality i offical Action o | OIIIII | | iicc | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) | | | | | | | | | _ | 62840 |) | |
| Α. | Volunteers For Shimkus | | | | | | Date of Disbursement | | | | | | |
| | Mailing Address P.O. Box 5458 | | | | | | | | ້ | 2 0 | ´ L. | žoŏ | 5 |
| | City | State Zip Code | | | | | Amou | ınt o | f Each | Disb | ursem | ent this | Period |
| | Springfield | IL 62705 | | | | | | | | | | 1000. | .00 |
| | Purpose of Disbursement 2006 General Election | | | 0 | 11 | | | - | _ | | | | |
| | Candidate Name Category/ | | | | | | | | | | | | |
| | Rep. John M. Shimkus | | | T | уре | | | | | | | | |
| | Office Sought: X House Disburs | sement For: 2006 Primary X General | | | | | 2006 | Ger | neral | Elec | tion | | |
| | President | Other (specify) ▼ | | | | | | | | | | | |
| | State: IL District: 19 | | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Mike Rogers For Congress | | | | | | Transaction ID: 11662847 Date of Disbursement 10 20 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | | | | | | |
| | | | | | | | | | | | | | |
| | Mailing Address 123 East 13th Street | | | | | | 10 | | 2 | 2 0 | L. | 200 | 5 |
| | City Anniston | State Zip Code AL 36201 | | | | | Amou | ınt o | f Each | Disb | ursem | ent this | Period |
| | Purpose of Disbursement | | | | | | 1000.00 | | | | | | |
| | 2006 Primary Election | | | 0 | 11 | | | | | • | | | |
| | Candidate Name Rep. Michael D. Rogers Category/ Type | | | | | | | | | | | | |
| | | sement For: 2006 | L | | ,,,, | | 0000 | Di. | | - 1 | | | |
| | | C Primary General | | | | | 2006 | Prii | nary | Elec | แดก | | |
| | President State: AL District: 3 | Other (specify) ▼ | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | Trans | a oti | ion ID | . 116 | 62850 | ` | |
| C. | Joe Wilson For Congress Committee | | | | | | | | isburs | | | , | |
| | Mailing Address Post Office Box 2145 | | | | | | 1 ^M 0 | М | / D ₂ | 20 | / Y | ž 0 ŏ | 5 ^Y |
| | Post Office Box 2145 | | | | | | | | | | | • | |
| | City West Columbia | State Zip Code SC 29171 | | | | | Amou | ınt o | f Each | n Disb | ursem | ent this | Period |
| | Purpose of Disbursement | | | | _ | | | | | | 1000. | .00 | |
| | 2006 Primary Election 011 | | | | | | | | | | | | |
| | Candidate Name Category/ Rep. Joe Wilson Type | | | | | | | | | | | | |
| | | sement For: 2006 | <u> </u> | • | ,,,, | | 0000 | ъ. | | _, | | | |
| | | C Primary General | | | | | 2006 | Prir | nary | Flec | lion | | |
| | President State: SC District: 2 | Other (specify) | | | | | | | | | | | |
| | State: SC District: 2 | | | | | | _ | _ | | | | | |
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| NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. I | · · · · · · · · · · · · · · · · · · · | | | |
| Full Name (Last, First, Middle Initial) A. Moore For Congress | | | Transaction ID: 11662843 Date of Disbursement | |
| Mailing Address PO Box 16646 | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 5 \end{smallmatrix} $ | |
| City Milwaukee | State Zip Code WI 53216 | | Amount of Each Disbursement this Perio | nd |
| Purpose of Disbursement 2006 Primary Election | | 011 | 1000.00 | |
| Candidate Name Rep. Gwen Moore | | Category/ Type | | |
| | sement For: 2006 X Primary General Other (specify) | | 2006 Primary Election | |
| Full Name (Last, First, Middle Initial) 3. Walsh For Congress Committee | | | Transaction ID: 11662854 Date of Disbursement | |
| Mailing Address 306 Winkworth Parkwa | у | | $\begin{bmatrix}\begin{smallmatrix}M&M&M\\1&0&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&D&D\\2&0\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\2&0&0&5\end{smallmatrix}\end{bmatrix}$ | |
| City Syracuse | State Zip Code NY 13215 | | Amount of Each Disbursement this Perio | od |
| Purpose of Disbursement 2006 Primary Election | | 011 | 1000.00 | |
| Candidate Name Rep. James Walsh | | Category/ Type | | |
| 0 1 | sement For: 2006 X Primary General Other (specify) | | 2006 Primary Election | |
| Full Name (Last, First, Middle Initial) Inslee For Congress | | | Transaction ID: 11665296 Date of Disbursement | |
| Mailing Address PO Box 33027 | | | $\begin{bmatrix}\begin{smallmatrix}M\\1&0\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\2&2\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}Y\\2&0\end{smallmatrix}\end{bmatrix}^Y \begin{bmatrix}\begin{smallmatrix}Y\\2&0\end{smallmatrix}\end{bmatrix}^Y$ | |
| City Seattle | State Zip Code WA 98133 | | Amount of Each Disbursement this Perio | od . |
| Purpose of Disbursement 2006 Primary Election | | 011 | 5000.00 | |
| Candidate Name Rep. Jay Inslee | C | Category/ Type | | |
| 0 1 | sement For: 2006 X Primary General Other (specify) | | 2006 Primary Election | |
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| | or commercial purposes, other than using the nan | ne and address of any political | comn | nittee to s | solicit | contribu | utions fro | om such o | comr | nittee | | |
| ١. | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| / | American Podiatric Medical Assn., Inc. P | odiatry Political Action Co | mmi | ttee | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | Т | ransac | tion ID: | 116652 | 97 | | | |
| ٠. | Inslee For Congress | | | | | Date of | Disburse | | v • v | V | V | |
| | Mailing Address PO Box 33027 | | | | | 1 0 | [/] 2 | 2 | 2 | 0 Ď 5 | _ | |
| | City | State Zip Code | | | 1 | Amount | of Each | Disburse | emen | t this P | erioc | |
| | Seattle Purpose of Disbursement | WA 98133 | | | - [| | | | | 816.3 | 31 | ٦ |
| | (In-Kind) Inkind For 10/22 Inslee Event | | Ç | 11 | ' | | | | | | | |
| | Candidate Name Rep. Jay Inslee | | | egory/ ype | | | | | | | | |
| | Office Sought: X House Disburs | ement For: 2006 | | | (I | n-Kind | l) Inkind | d For 10 | 1/22 | | | |
| | Senate President | Primary X General Other (specify) | | | Ìr | islee E | vent | | ., | | | |
| | State: WA District: 1 | Other (specify) | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | Т | ransac | tion ID: | 116690 | 05 | | | |
| 3. | Nancy Pelosi For Congress | | | | | | Disburse | ement | | V | V | |
| | Mailing Address 235 Montgomery Street Suite 610 | , Suite 610 | | | | 10 | / b2 | 6 / | . 2 | 0 Ď 5 | | |
| | City San Francisco | State Zip Code CA 94104 | | | 4 | Amount | of Each | Disburse | emen | t this P | erioc | _ |
| | Purpose of Disbursement 2006 Primary Election | | |)11 | | | | | . 5 | 0.000 | 00 | |
| | Candidate Name Rep. Nancy Pelosi | Cat | egory/ ype | , , | | | | | | | | |
| | | Disbursement For: 2006 | | 1,700 | | 2006 Primary Election | | | | | | |
| | | Primary General | | | 2 | 006 Pr | imary i | =iection | | | | |
| | President State: CA District: 8 | Other (specify) | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | Т | ransac | tion ID: | 116690 | 06 | | | |
|). | Kirk For Congress | | | | | | Disburse | | | | | |
| | Mailing Address P.O. Box 8 | | | | | 1 0 M | [′] 2 | 6 / | Ž | 0 Ď 5 | Υ | |
| | City Winnetka | State Zip Code IL 60093 | | | 1 | Amount | of Each | Disburse | emen | t this P | erioc | |
| | Purpose of Disbursement | | | | | | | | 1 | 000.0 | 00 | |
| | 2006 Primary Election Candidate Name Rep. Mark Steven Kirk Category/ Type | | | | | | | | | | | |
| | <u>'</u> | ement For: 2006 | | ype | | | | | | | | |
| | | Primary General Other (specify) ▼ | | | 2 | 006 Pr | imary I | Election | | | | |
| _ | State: IL District: 10 | | | | 1 | | | | _ | | | |
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| | | Detailed S | Summary Page | 21b 27 | 22 X 23 28a 28b | 24 28c | 25 29 | 26 30b |
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| or 1 | for commercial purposes, other than using the na | ame and addres | ss of any political | committee to so | licit contributions from s | such comn | nittee | |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) | | | | | | | |
| \rangle | American Podiatric Medical Assn., Inc. | Podiatry Poli | tical Action Co | mmittee | | | | |
| | Full Name (Last, First, Middle Initial) | | | | Transaction ID: 11 | 672989 | | |
| ۹. | Issa For Congress | | | | Date of Disburseme | nt | | |
| | | | | | 10 27 | / Y Y | 0 0 5 | 1 |
| | Mailing Address P O Box 760 | | | | 10 27 | | 003 | |
| | City | State | Zip Code | | Amount of Each Dis | bursemen | t this Pe | riod |
| | Vista | CA | 92085 | | | | | |
| | Purpose of Disbursement | | | | | | 000.00 |) |
| | 2006 Primary Election | | | 011 | | | | |
| | Candidate Name Rep. Darrell E. Issa | | | Category/ | | | | |
| | | rsement For: | 2006 | Туре | | | | |
| | Office Sought: X House Disbu | X Primary | General | | 2006 Primary Elec | ction | | |
| | President | Other (spe | | | | | | |
| | State: CA District: 49 | | - 3/ ▼ | | | | | |

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